

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22853

24
3

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 2271 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		
c. LENGTH OF STAY (in this place) 35 yrs.		d. STREET ADDRESS (If rural, give location) Route 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1		d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) W. c. (Last) BUDD			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov-11-6-1855	
9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Utica, New York	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harry E. Woodcock		
13b. MOTHER'S MAIDEN NAME Lucy Thayer		14. NAME OF HUSBAND OR WIFE Presley W. Budd		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		
17. INFORMANT'S SIGNATURE OR NAME Roy W. Budd, Rt. 1, Liberty, Missouri		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) my deg. ditis ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility (93 yr old) DUE TO (c) has been bed fast 2 yr. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 24 hrs 1222			19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Aug - 1946 to July 19, 1949 , that I last saw the deceased alive on July 18, 1949 , and that death occurred at 7:30 pm. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. C. ...		23b. ADDRESS 2950 Victoria, Ke. Mo.		
23c. DATE SIGNED July 20-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		
24b. DATE JULY 21-49		24c. NAME OF CEMETERY OR CREMATORY Glenwood Cemetery		
24d. LOCATION (City, town, or county) (State) Basehor, Kansas		DATE REC'D BY LOCAL REG. July 21-1949		
REGISTRAR'S SIGNATURE Drumie Haynes		52. FUNERAL DIRECTOR'S SIGNATURE 64		
ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED AUG 1
District Health Officer No. _____

District File Number _____

Date Filed 8-12-19

*Mr. W. H. ...
...
1111 ...*

503-28th

Mr. Bennett ...

AUG 17 1949

SEP 9 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____
working under my personal supervision.

Signed *Alvin E. Heck*

Signed _____
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.